_	PATENT	RD	fication or Docket Number 09/674720									
٠	OTAL CLAIMS		S FILED - PART I (Column 1) (Colum			umn 2)	SMALL ENTITY TYPE			OR	OTHER THAN	
<u> </u>	OTAL CLAIMS	·						RATE FEE		]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	BASIC FEE		OR	BASIC FEE	\$60
	OTAL CHARGE	6 minus 20=		•			XS 9=		OR	X\$18=	, ,	
<b>I</b>	DEPENDENT C		5 minus 3 =		2			X40=		OR	X80=	160
<u> </u>	····································	NDENT CLAIM P	46		<u> </u>		F	+135=		OR	+270=	270
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	1250
CLAIMS AS AMENDED - PART II											OTHER	
	(Column 1)		(Colun					SALL	NTITY OR		SMALL	
ENT A	Z.	REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	- 1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 29	Minus	. A	O.	= .9		X\$ 9=		OR	X\$18=	162
¥	Independent	NTATION OF M	Minus ;		2	-0-		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=		OR	+270=	
•								TOTAL			TOTAL	
		(Column 1)	:	(Colum	nn 2)	(Column 3)	ADI	DIT. FEE	<del></del>	, ,	ADDIT. FEE	
AMENDMENT B		CLAIMS. REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER FUSLY	PRESENT EXTRA	7	PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 17	Minus	29	7	=	,	K\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	· 5 NTATION OF MU	Minus	J	CLAIM	- n		X40=		OR	X80=	
							L	135= TOTAL		ÒR	, +270=	
										OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)		DIT. FEE I				
AMENDMENT C	erial and a second	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	SER USLY	: PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		÷	,	(\$ 9=			X\$18=	FEE
	Independent	•	Minus	. ***		=	-			OR		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b> </b>	(40=		OR	X80=	
. 1	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+270=	
•••	f the "Highest Nur If the "Highest Nur	mber Previously Pa mber Previously Pa ber Previously Pai	id For IN THI: lid For IN THI	S SPACE IS S SPACE IS	less tha	n 20, enler "20."	AUL	TOTAL DIT. FEE in the app	ropriate box		TOTAL] ADDIT. FEE umn 1.	